# COMBINED DECLARATION AND POWER OF ATTORNEY

## (Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

This declara	ation is of the following type:			48, 450,	
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	ation of which: (complete (a),	(b), or (c))	·		•,
· •	is attached hereto.	as Application Serial No.	and was	s amandad on	<i>(</i> ;
o) [] pplicable).		_ as Application Serial 140.	and was	attended on	(į
c) []	was described and claimed	in PCT International Applica	ation No.	filed	O
nd was am	ended on (if applicable).		I	i eve	
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11.4.				[] YES NO []
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		,		[] YES NO []
				[] YES NO []
				[] YES NO []

### Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional

application(s) resi	ieu oeiow.		 		
	Provisional Application N	umber	Filing Date	, ,	]
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#### Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

(complete this part only if this is a divisional, continuation or C-I-P application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Starus) (potented, pending, abandoned
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

#### Power of Attorney

As a named inventor, I hereby appoint Gerald Levy, Reg. No. 24,419; Ronald E. Brown, Reg. No. 32,200; Marta E. Delsignore, Reg. No. 32,689; John Gulbin, Reg. No. 33,189; Lindsay Adams, Reg. No. 36,425; and Michael P. Stanley, Reg. No. 47,108, of the firm of Pitney, Hardin, Kipp & Szuch, with offices at 711 Third Avenue, New York, New York 10117-4014, and Mark W. Croll, Reg. No. 31,098; Donald J. Breh, Reg. No. 30,159; Lisa M. Soltis, Reg. No. 40,623; John H. Pilarski, Reg. No. 33,028; Paul F. Donovan, Reg. No. 39,962; R. Wayne Pritchard, Reg. No. 34,903 and Benjamin J. Hauptman, Reg. No. 29,310 of Illinois Tool Works, Inc., with offices at 3600 West Lake Avenue, Glenview, Illinois 60025, as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

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١	New York, NY 10017		 Í

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

full name of sole	LAST NAME	FIRST NAME	MIDDLS NAME	,
OR FIRST INVENTOR	Doe	Daniel	Keith	
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INVENTOR, IF ANY	Gosiewski	Donald	Edmond	
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DATE Feb 7, 2002	SKINATURE OF INVENTOR  (A. E. M.)	1		
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RESIDENCE & CITIZENSHIP	спу	STATE of POREIGN COUNTRY	COUNTRY OF CITIZENS	HIP .
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODS
DATE	Signature of inventor		<u> </u>	
Full name of Fifth Joint Inventor, if any	LAST NAME	PIRST NAME	MIDOLE NAME	
residence a citzenship	спү	STATE → POREIGN COUNTRY	COUNTRY OF CITIZENS	HP.
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
DATE	signature of inventor			
FULL NAME OF SIXTH IOINT INVENTOR, IF ANY	LAST NAME	Pirst Name	MIDDLE NAME	
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DATE	signature op inventor			

	Check proper box(es) for any added page(s) forming a part of this declaration
()	Signature for ninth and subsequent joint inventors. Number of pages added
0	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
	Number of pages added
0	
	Number of pages added